

Table of Contents

Letter from the Director.....	ii
Division Mission & Alaska Public Health Improvement Plan Goals	iii
What is the purpose of the Alaska Division of Public Health?	1
Highlights of 2002	2
Section Accomplishments:	
Director's Office.....	4
Community Health and Emergency Medical Services	6
Epidemiology	8
Alaska State Public Health Laboratories	10
Maternal, Child and Family Health.....	12
Public Health Nursing	14
State Medical Examiner	16
Vital Statistics	17
Special Initiatives: Public Health Preparedness, Tobacco Prevention and Control, Health Information Support Systems / Data & Evaluation Unit	18
Public Health Partners.....	20
Budget Overview	21
Looking Forward to 2003	22
Appendix I: Health Indicators.....	24
Appendix II: Public Health Resources.....	26
Contact Information.....	27



KIDS DON'T FLOAT!

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Give Them Something that Does,
a Personal Flotation Device, (PFD)

Use & Return





Dear Fellow Alaskans,

The world is changing quickly and in ways many of us could not have imagined just a few short years ago. The events of 2001 dramatically highlighted the importance of a strong public health system. Today, the public health community must be able to quickly and accurately identify and respond to biological, chemical or other hazardous agents introduced in our state. Ensuring that together with military, tribal health, first responder and other partner groups we have the manpower, training and overall capacity to do whatever is necessary means planning and working together and sharing resources in an unprecedented manner.

All of this new work must be done along with the day-to-day work of promoting and protecting the health of all Alaskans. Every day in communities statewide, we educate individuals and groups about what they can do to maintain or improve their health. We also provide disease screening, testing and control services, issue birth certificates, assist communities and individuals in gaining access to basic health care and collect, analyze and report important health information.

Most Americans, including Alaskans, now realize that since many assumed the public health wars had been won because the rates and effects of infectious disease have declined dramatically, funding for public health has also been allowed to decline. As a result, we have become less able to do the traditional work required to keep the public healthy. Also, new diseases such as West Nile virus are on the horizon requiring new approaches and application of proven strategies; and old enemies like tuberculosis are reemerging around the world in dangerous variations. The population also continues to grow, putting additional stress on the system. A looming shortage of healthcare professionals in all fields has the potential to further compromise public health's ability to do essential work required to protect and promote the health of all Alaskans. Ongoing and increasing resources and commitment are needed to ensure public health can do its job at the local, state and federal levels now and in the future.

The greatest overall health improvements will come if we successfully educate and motivate individuals to change their behaviors. Public health must lead the charge to educate and motivate all Alaskans to exercise more, eat healthier, quit smoking and consume alcohol only in moderation. Alaskans must be encouraged to utilize preventive services such as immunizations, breast and prostate cancer screening and education to prevent injuries. Diseases will be prevented or detected early and death and disability reduced if this advice is followed.

On behalf of everyone in the Division of Public Health, I am proud to share this snapshot of the accomplishments and work of the past year with you. It is the result of tremendous amounts of work by well-trained public health professionals, dedicated to ensuring every Alaskan has the opportunity to live a long and healthy life.

A handwritten signature in black ink that reads "Karen E. Pearson". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Karen Pearson, Director
Division of Public Health

Alaska Division of Public Health Mission Statement

“To use the best available scientific knowledge to set public health policy and ensure provision of services which guarantee the health of all Alaskans, so that they can live full lives with optimum well being.”

Public Health...

- ◇ Prevents epidemics and the spread of disease
- ◇ Promotes awareness of environmental hazards
- ◇ Prevents injuries
- ◇ Promotes and encourages healthy behaviors
- ◇ Plans for and responds to disasters and assists communities in recovery
- ◇ Assures the quality and accessibility of health services

Alaska Public Health System Improvement Plan Goals

1. Assure access to public health information for communities, policy makers and the general public
2. Assure a well-trained, competent public health workforce
3. Develop a strong legal framework for Alaska's public health system
4. Assure accountability for the public's health
5. Assure sufficient, stable funding for public health action
6. Assure effective communication capabilities in the public health system
7. Increase public input in statewide policy decisions
8. Engage communities to solve local health problems
9. Increase personal responsibility for individual health
10. Improve interagency communication, coordination, and collaboration among state public health, mental health, substance abuse and environmental health agencies

What is the purpose of the Alaska Division of Public Health?

The Division promotes the health and quality of life of all Alaskans by preventing and controlling disease, birth defects, injury, disability and death resulting from interactions between people and their environment. The Division carries out its mission through a range of activities and services centered on the core public health functions of assessment, policy development and assurance.

Activities and services of the Division of Public Health are primarily population-based and focus on achieving and preserving the health and well-being of entire communities or populations rather than on the provision of individual medical care. The Division's professional staff monitors and assesses the health status of Alaskans through the collection and analysis of vital statistics, risk factor data and data on disease and injury. The Division uses this data and other scientific information and expertise to develop, implement and evaluate strategies, programs and services to inform the public and advise policy makers about health issues. These activities enable citizens and policy makers to make sound decisions to prevent and reduce health problems, promote good health and avoid extra costs.

The Division serves the entire population of the State of Alaska: 626,932, according to the April 1, 2000 census count, living in 320 communities and unincorporated areas. In addition, the Division of Public Health works to protect the health and safety of over two million visitors per year to the state, and approximately 70,000 non-resident workers per year. The Division of Public Health serves as both the state and local health agency in much of the state except for the two areas with local health departments: the Municipality of Anchorage and the North Slope Borough. The duty to protect the health of the public also requires cooperation with other states and nations, because threats to public health like tuberculosis, persistent organic pollutants, and bioterrorism know no borders.

Under the direction of the Commissioner of the Alaska Department of Health and Social Services, and in cooperation with other local, state, and federal organizations, the Division of Public Health meets the needs, celebrates the advancements and accomplishments, and prepares for the challenges of the future of public health in Alaska.



Division of Public Health Annual Report

Highlights of 2002

Throughout 2002, each section of the Division of Public Health experienced great change, new programs and enhanced capabilities. With more than 39% of the Division's total revenue going directly to community health organizations through grants, DPH staff and grantees supported countless public health efforts and improvements on a local and statewide basis. The following is a sample of the Division's many accomplishments of the past year:

Director's Office:

The Director's office staff provided leadership, administrative and financial support to the sections and advised the Commissioner, the Governor and the Alaska Legislature on several high-visibility public health issues. The office also brought the public health preparedness program into full swing by joining other states in the national effort of bioterrorism response planning and preparedness. The influx of federal funds for the program and the intense planning and budgeting needed to implement it kept the Director's office busy throughout the year. Because of the work put into starting the program, the coming years will see the state more and more prepared for bioterrorism attacks and other public health emergencies. The Director's office also enhanced the workforce development and training programs and communication abilities between the sections and the many Division employees statewide.

Community Health and Emergency Medical Services (CHEMS):

CHEMS supplied numerous communities with grant monies to support their public health initiatives and community outreach projects through the Alaska Frontier Health Project. Helmets and child safety seats were provided for hundreds of children across the state, as well as training and equipment through the EMS for Children Project for emergency care for children. The Code Blue Project was created and enabled 27 communities to receive ambulances and emergency vehicles, communication equipment and patient care equipment. Another accomplishment was the expansion of the Alaska Public Health Training Network, which now broadcasts bioterrorism training information and other public health programming to public and private sector viewers in 18 Alaska communities.

Epidemiology:

The Epidemiology section visited several communities and conducted worksite walk-throughs, consultations, and health assessments for a variety of environmental, occupational and disease related issues. Three tuberculosis outbreaks were successfully managed, and several other communities were screened for tuberculosis. Health assessments were conducted in Tyonek and Pedro Bay due to oil spills, in McGrath due to a benzene spill, and in two public schools to investigate lead in the drinking water. The infectious disease and immunization programs provided much of the planning and technical expertise for the state's smallpox vaccination program and bioterrorism preparedness initiatives. The HIV/STD program and the chronic disease programs also made great advancements in the testing and reporting of cases, as evidenced by the Alaska Cancer Registry receiving Gold certification by the North American Association of Central Cancer Registries.

Alaska State Public Health Laboratories (ASPHL):

From new testing procedures and capabilities for sexually transmitted diseases, pertussis, and several potential bioterrorism agents to equipment upgrades, increased training and additional specialized staff, the ASPHL vastly enhanced every facet of its working capacity during the year. The ASPHL staff tested more than 74,000 specimens for tuberculosis, hepatitis A, B, and C, sexually transmitted diseases, and rabies. They also established a molecular biology laboratory and received certification by the Centers for Disease Control and Prevention as a bioterrorism Laboratory Response Network Level C laboratory.

Division of Public Health Annual Report

Maternal, Child and Family Health (MCFH):

MCFH staff provided support to thousands of women, children and families during 2002. Their specialty clinics saw more than 650 children from Anchorage, Fairbanks, Barrow, Bethel, Juneau, Ketchikan, Kotzebue, Nome, Sitka, and Dillingham. With 10 new paraprofessionals trained as WIC certifiers, the WIC program served 25,100 low-income pregnant or breast feeding women, infants and children. Nearly 9,000 women and teens received family planning services, abstinence-only sex education, or assistance through the Breast and Cervical Health Check by MCFH staff across the state.

Public Health Nursing (PHN):

At the four regional offices, 25 public health centers and through visits to more than 250 communities, public health nurses provided direct health services to 107,300 patients during 171,336 visits throughout the year. The number of immunizations given in 2002 was up dramatically from previous years with more than 155,000 doses administered. Also increased from past years were Pap smears provided, HIV/sexually transmitted disease services and blood testing, and visits to patients with sexually transmitted diseases.

State Medical Examiner (SME):

The office of the SME increased its investigative capabilities when five staff members became Registered Medicolegal Death Investigators. They also hosted the Second Annual Forensic Pathology Seminar for a variety of local, state, and federal participants. During 2002, the SME handled 1,097 bodies, performing autopsies, inspections and consultations.

Bureau of Vital Statistics (BVS):

The BVS issued more than 70,000 certified copies of vital documents including records of birth, death, fetal death, marriage, divorce and adoption information. Bureau staff issued analyses on maternal smoking, leading causes of death, deaths by census area, and low birth weight births, and also implemented the new automation of the State's Medical Marijuana Registry.

Special Initiatives:

As mentioned earlier, the public health preparedness program began intensive planning efforts for preparedness and response for potential bioterrorism attacks. Some of these efforts included updating the Epidemiology Emergency Procedure Manual for bioterrorism agents, developing the Alaska Public Health Alert Network, and issuing grants to hospitals, communities, and Native health organizations. Nearly all sections in the Division coordinated with other local, state, and federal partners in the planning of the smallpox pre- and post-event vaccination program. Another important initiative in the Division is the Tobacco Prevention and Control program which conducted more than 700 enforcement compliance checks, developed counter-marketing messages aimed at teenagers, and educated sellers of tobacco to limit sales of tobacco products to youth. Also, the Data & Evaluation Unit within DPH published Healthy Alaskans 2010 alongside the Healthy People 2010 national initiative and continued work on the Alaska Public Health Information System.

Division of Public Health Annual Report

Director's Office

The mission of the Director's office is to provide overall leadership for the public health system in Alaska along with administrative and financial management support needed to ensure the efficient and effective operation of the division. This role includes serving as a convener and mediator of state and community organizations interested and involved in advancing the health of Alaskans, advocating for improved policies and resources for health promotion and protection, and coordinating strategies with our partners to support the public's health.



When the nation became more aware of and focused on the potential of bioterrorism attacks, the Director's office staff successfully responded to the sudden availability of \$6.9 million in federal Public Health/Bioterrorism Preparedness funding for the state. By working with partners throughout state and local government, Native health organizations, hospitals, and a host of other public and private agencies and groups, operating and financial plans were developed and subsequently approved by the granting agencies. A public health preparedness program was also established within the Director's office to provide the leadership and oversight capacity needed to ensure these funds are used effectively and disseminated to partners in a timely manner with appropriate accountability measures.

In support of the various sections within the Division, the administration assisted in providing the language and definitions needed for the Alaska State Legislature to strengthen statutory authority and regulations related to public health issues. Improvements include greater enforcement of laws concerning tobacco sales to minors, security and privacy protection in the face of bioterrorism, and updated language in such areas as immunization requirements.

Another 2002 priority for the Director's Office has been work to increase access to health care for Alaskans. The Director chaired the Health Care Steering Committee of the Denali Commission, convening health care system partners to set policies to maximize and adequately prioritize and distribute resources for the construction and repair of health care facilities in rural Alaska. The Director's Office also successfully advocated through the state administration to the federal government for increased resources for operation of community health clinics serving medically under-served Alaskans.

During 2002, work was also completed on the consolidation of all Division staff in Anchorage into two locations: the new State Public Health Lab and Medical Examiner Facility, and the Frontier Building. This consolidation and additional space was essential to enhancing collaboration between Section staff.

Section Accomplishments

Division of Public Health 2002 Annual Report



One concern among the Division administration has been the continuity of quality services provided and an adequate amount of trained personnel to provide those services. A qualified, competent public health workforce is essential to the delivery of public health programs and services. However, Alaska faces the aging of significant sectors of its public health workforce; and current staff need to continuously upgrade their skills, if they are to provide the most up-to-date care.

One of the Division leadership's focuses during 2002 has been to assure quality services through training our public health staff to be more wholly integrated into the health alert system and form a more cohesive public health team. Other training and workforce development is in progress to expand the skills and abilities of additional Division personnel as well as private sector healthcare partners.



Section Accomplishments

Community Health and Emergency Medical Services

The Community Health and Emergency Medical Services (CHEMS) section consists of a wide range of public health programs including: programs to help improve access to primary care among rural and under-served populations; promotion and surveillance of healthy lifestyle behaviors; cardiovascular disease prevention; tobacco use prevention and control; injury prevention and surveillance; emergency medical services and trauma care systems development; and development of a system to educate and alert public health and health care providers through telecommunications.

The Emergency Medical Services and Injury Prevention Unit certifies Emergency Medical Technicians, Paramedic Course Coordinators, Emergency Medical Dispatcher, ground and air medical services, and Trauma Centers in addition to providing technical assistance and myriad injury prevention programs addressing major causes of death and injury in Alaska.

CHEMS also administers Alaska's Behavioral Risk Factor Surveillance System (BRFSS) in conjunction with the federal Centers for Disease Control and Prevention. This national survey provides each state with information about the health behaviors of its citizens, which assists public health programs in determining the most effective way to work toward improving health. Additional telephone surveys have been used to assess immunization trends, fetal alcohol syndrome, children's access to health care, and pregnancy risks. The first statewide survey of Alaskans living with arthritis was completed in 2000 and 2001 and the results are incorporated in the Alaska Arthritis and Osteoporosis Plan of 2002.

Other community outreach and health initiatives of 2002 included helmets and child safety seats provided to public health nurses and community safety groups for distribution through the injury prevention program, the ongoing EMS for Children Project which provided training and equipment specifically oriented toward emergency care for children, and the Primary Care Program which coordinated the planning and grant application process for the Alaska Frontier Health Project awarding 23 new grants totaling over \$10 million new and another \$5.4 million continued funding from the Health Resources and Services Administration (HRSA).



The "Code Blue Project" was designed to fund essential emergency medical services equipment and is a partnership between state, regional and local EMS agencies. A total of over six million dollars was contributed to the project by local communities, the State of Alaska, the Denali Commission, the Rasmuson Foundation, and the U.S. Department of Agriculture. These funds were used to purchase patient care equipment, ambulances and emergency vehicles, radios, and other essential items.

Division of Public Health 2002 Annual Report

2002 CHEMS Stats:

3,500 certified Emergency Medical Technicians, Emergency Medical Specialist Instructors, Emergency Medical Dispatchers, and Defibrillator Technicians supported and certifications maintained.

84 ground emergency medical services and 22 air medical services certified or recertified

2,862 Alaskans surveyed through the Behavioral Risk Factor Surveillance System

7 community initiatives funded for their Community-Based Health Promotion Programs focused on physical activity, nutrition and oral health

6,997 calls from Alaska received by the Alaska Poison Control System in partnership with the Oregon Poison Center. Fifty-three percent of these calls concerned children less than five years of age. Of all calls, 74% were able to be managed on site rather than at a healthcare facility. Poison Hotline: 1-800-222-1222

60 health fairs in rural Alaska supported that resulted in screening approximately 10,000 people for hypertension, high cholesterol, and other health risks

100 "Kids Don't Float" personal flotation device (PFDs) loaner sites in all regions of Alaska given signs, personal flotation devices, and instructions on building loaner boards. (In addition to accomplishing some dramatic rescues with these PFDs, kids across the state are using the equipment, developing better safety habits and contributing to the program.)

237 health care providers trained to assess tobacco use and provide tobacco cessation counseling

953 smoke alarms provided to homes

2,230 child passenger seats distributed through the Injury Prevention Program



The Distance Learning Program and the Alaska Public Health Training Network (APHTN) expanded considerably throughout 2002. When the program began, only seven communities in Alaska were able to view APHTN's bioterrorism and other public health programming. Now APHTN broadcasts to 18 communities across the state.

Currently APHTN is airing programs over cable television in the following communities: Anchorage (Channel 9) - Barrow (Channel 55) - Bethel (Channel 43) - Craig (Channel 36) - Dillingham (Channel 11) - Fairbanks (Channel 97) - Haines (Channel 14) - Juneau (Channel 18) - Ketchikan (Channel 11) - Kodiak (Channel 19) - Kotzebue (Channel 98) - Nome (Channel 98) - Petersburg (Channel 11) - Seward (Channel 4) - Sitka (Channel 4) - Unalaska (Channel 37) - Valdez (Channel 20) - Wrangell (Channel 11)

In 2002, APHTN broadcast more than 150 hours of public health programming, airing 59 programs: 31 bioterrorism programs and 28 other public health-related programs. Of those with registration lists, 19 programs were broadcast to 237 registered (and potentially many non-registered) health care providers and public health workers.

Section Accomplishments

Epidemiology

The Section of Epidemiology is responsible for surveillance, investigation and control of acute and chronic diseases and injuries through defining causal factors, identifying and directing control measures and providing a basis for policy development, program planning and evaluation. The section operates programs for infectious diseases, chronic diseases, occupational safety and health, sexually transmitted diseases (STD), and environmental health.

Environmental Health: In 2002, expertise was provided to the village of Tyonek due to possible contamination of its water supply, and contamination at the Red Dog mine was also studied. Section staff also presented findings about contaminant levels in Alaska fish and expected health implications at a national symposium. In addition, a statewide blood lead surveillance program and targeted screening effort is being implemented to ensure the protection of Alaskan children from childhood lead exposures. Preliminary studies indicate that the state has a low prevalence for elevated childhood blood lead levels.

Occupational Safety and Health: In collaboration with private businesses, program staff conducted multiple worksite walk-throughs of seafood processing locations to evaluate the seafood processing work environment and its hazards. And, the Alaska Fatality Assessment and Control Evaluation (FACE) program lead the efforts for identification of fatal traumatic work-related injuries.

HIV/STD: One-time testing and treatment by field staff for hard-to-reach and non-compliant partners of chlamydia and gonorrhea cases was implemented in 2002. Staff also developed, piloted, and installed an HIV prevention computer-based data collection and reporting system to support evaluation activities.

Chronic Disease: The Alaska Cancer Registry was awarded gold certification for 2002 for standards in data quality and format by the North American Association of Central Cancer Registries for the second year in a row. Also, working with other members of the Alaska Diabetes Collaborative, epidemiologists developed a new model for care for people with diabetes.



Infectious Disease: Several villages were screened for tuberculosis by the Tuberculosis Control Program and local public health nurses; they found the incidence of tuberculosis has fallen dramatically since 2000. Epidemiology also had a leading role in the bioterrorism preparedness program and the smallpox vaccination program planning.

Martin Buser promoting the “I Did It By TWO! Race to Vaccinate” childhood immunization campaign during the Iditarod.

Division of Public Health Annual Report

2002 Epidemiology Stats:

99% of students now in full compliance with Alaska's recently strengthened immunization requirements. (Children to age 19 are now protected against 11 diseases. Epidemiologists are now focusing major efforts on infant and toddler immunizations.)

3 cases of tuberculosis outbreaks in communities successfully managed

20% increase in sexually transmitted disease screening and notifications

5 on-site health assessments performed for oil spills in Tyonek and Pedro Bay, a benzene spill in McGrath, and lead in drinking water at two public schools.

25 state, federal, and organizational seafood processing injury and illness data sources identified and evaluated

Reported Cases of Vaccine Preventable Disease Alaska, 1997-2002

	1997	1998	1999	2000	2001	2002	Total
Diphtheria	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0
Pertussis	16	15	5	21	16	5	78
Measles	0	33	0	1	0	0	34
Mumps	8	3	3	8	1	0	23
Rubella	0	0	0	0	0	0	0
Polio	0	0	0	0	0	0	0
Hib	4	1	5	5	1	2	18
Hepatitis A	34	17	14	12	16	12	105
Hepatitis B	15	13	19	13	10	6	76



Denali basecamp gastroenteritis investigation

Section Accomplishments

Alaska State Public Health Laboratories

The mission of the Alaska State Public Health Laboratories (ASPHL) is to provide analytical and technical laboratory information in support of state and national public health disease prevention programs. The state laboratories represent a first line of defense in the rapid recognition of the spread of communicable diseases. Core functions and responsibilities of the ASPHL are accomplished with the assistance of private and federal laboratories.

The Alaska State Public Health Laboratories in Fairbanks and Anchorage have greatly improved quality, quantity, speed, accuracy, capability and facilities in 2002 with an expanded role in keeping Alaskans safe and healthy. The influx of \$3.4 million from federal sources has been used to update the laboratories, equipment, staff and capability to detect and treat disease throughout Alaska. A few recent activities include:

- A new system for non-invasive testing for gonorrhea and chlamydia that, for the first time, will allow testing across the state by almost all health facilities. Previously it could be done only in Fairbanks and Anchorage. The increase in testing capabilities grew from 5,000 tests in 1996 to 15,000 in 2002.
- The ASPHL can now conduct rapid testing for pertussis. Testing was previously 50% accurate; now testing is 90% accurate and improving.
- Equipment and capabilities are now in place for rapid detection of diseases of high consequence and potential bioterrorism agents such as anthrax, plague, influenza, smallpox and botulism.
- Increased capabilities to test for West Nile virus and the Norwalk virus.
- Molecular biology laboratory established which allows real-time detection and diagnosis of selective infectious agents.



- Certified by the Centers for Disease Control and Prevention (CDC) as a bioterrorism Laboratory Response Network (LRN) Level C laboratory (level D is the highest).

- Trained the Anchorage office of the Arctic Investigation Program of the CDC in LRN level B capabilities to act as a 'surge capacity' laboratory to back up the state laboratory.

Also, the Radiological Health program received attention in 2002 when the physicist assisted the Fairbanks Fire Department in fighting a fire in a building that contained radioactive materials. The physicist provided valuable information to the firefighters on scene while the fire was burning.

Division of Public Health 2002 Annual Report

2002 Alaska State Public Health Laboratories Stats:

74,066 specimens tested

10,153 for tuberculosis

20,482 for hepatitis A, B and C

43,306 for sexually transmitted diseases

125 animal specimens tested for rabies

47 facilities received radiological safety inspections

30% of all hospital laboratories in Alaska trained to be Laboratory Response Network Level A facilities



Maternal, Child and Family Health

The mission of Maternal, Child and Family Health (MCFH) is to support Alaska's women, infants, children and families to achieve their best possible health and well-being. Programs within this section include: Early Intervention/Infant Learning; Alaska Family Violence Prevention; Breast & Cervical Health Check; Denali KidCare Outreach; Children's Behavioral Health; Adolescent Health; and the Women, Infants and Children (WIC) program.

In 2002, MCFH reached thousands of Alaskan women and children statewide through its various programs. Several new health initiatives for children were developed including: a behavioral health program which focuses on children 0-5 years of age with the intent to look at the prevention and early intervention of behavioral pathology in children, a surveillance and tracking system for Newborn Hearing Screening, and a Children's Health Unit which integrated many existing Section programs into one unit and incorporated the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and the Denali Kid Care outreach component.

Also, in partnership with the Department of Education and Early Development Child Nutrition Program, a new "Team Nutrition" project was initiated. The project coordinator is housed in the Nutrition Services Unit and will administer small grants to schools to improve classroom nutrition education and school nutrition policies.

The WIC program provided food subsidies to more than 25,000 infants, children and pregnant or breast feeding women in Alaska in 2002. Studies show that every dollar spent on WIC saves approximately three dollars in health care costs for mothers and children in the first 60 days of life. In partnership with the U.S. Army and Air Force, a new WIC clinic was opened this year at the Elmendorf Air Force Base medical center in Anchorage. And, in response to U.S. Department of Agriculture guidance, extensive new WIC program integrity and vendor monitoring regulations were implemented.

Also during 2002, the birth defects registry increased efforts to enhance the surveillance system to ensure that complete and quality data are available in a timely manner. Quality assurance reviews were conducted in the state's largest hospitals and prevalence rates for major congenital anomalies were published in the journal *Teratology*.

The Alaska Genetics Clinics offer diagnosis and genetic counseling for individuals with inherited conditions, chromosomal disorders or birth defects, and the Specialty Clinics improve access to care for children in need of consultations, screenings and follow-ups. In 2002, these clinics provided for such diagnoses as cleft lip and palate, cardiac, and neurodevelopment problems for children in and around the communities of Anchorage, Fairbanks, Barrow, Bethel, Juneau, Ketchikan, Kotzebue, Nome, Sitka, and Dillingham.



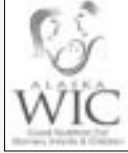
Division of Public Health Annual Report

2002 Maternal, Child and Family Health Stats:

4,430 women seen by Breast and Cervical Health Check

1,691 infants and toddlers enrolled and received early intervention services through the Infant Learning Program

45% reduction from 2001 in the number of children on the waiting list for the Infant Learning Program



25,100 low-income pregnant or breast feeding women, infants and children under 5 years enrolled and received nutritious foods and nutrition education through the WIC program

Over \$13 million spent in 225 Alaskan stores to purchase WIC foods

10 new WIC paraprofessionals trained as certifiers

1,895 clients in 83 communities received WIC Farmers Market Program coupons

99.7% of all newborns screened at birth for six metabolic disorders. (The Newborn Screening Program provides this mandatory testing to approximately 9,800 newborns each year at no cost to parents.)

656 children seen in specialty clinics (cleft lip and palate, neurodevelopmental, cardiac and genetics)

2,429 women received family planning services

2,042 teens received abstinence-only sex education

36,581 reports to the Birth Defects/Fetal Alcohol Syndrome Registry between 1997-2002

6,000 infants screened for hearing abnormalities through the voluntary Newborn Hearing Program

406 families visited by Healthy Families Alaska, an intensive home visitation program designed to prevent child abuse and neglect and to improve childhood health outcomes



Public Health Nursing

Public Health Nursing (PHN) provides professional public health nursing services to Alaskans, particularly very young children, medically under-served pregnant women and the elderly in a manner that maintains their dignity, and promotes their self-reliance and cultural integrity to enable individuals, families and communities to be healthy and productive.



Public health nurses form the “public health safety net” throughout Alaska. Service priorities vary by health center and itinerant district based on community needs, available resources, and staff capacity. The public health nurse’s work time is spent in a combination of individual, family, community, and agency activities. Client services are mostly provided to rural and low income or underinsured individuals and families. More than 50% of services are provided to children less than 5 years of age and to pregnant women and adolescents. Alaska’s public health nurses frequently serve as a conduit of information between multiple state and local agencies and the public in their communities on a wide range of public health concerns.

Public health nurses provide direct services to individuals, families and communities through 4 regional offices, 25 public health centers, and itinerant nursing services to over 250 communities. Some services include physical health assessment, health promotion and disease prevention, health screening, testing, immunizations, and treatment for communicable diseases. They also work in partnership with the Division’s sections of Epidemiology and Laboratories and with local health care providers to control communicable diseases.



2002

Division of Public Health Annual Report

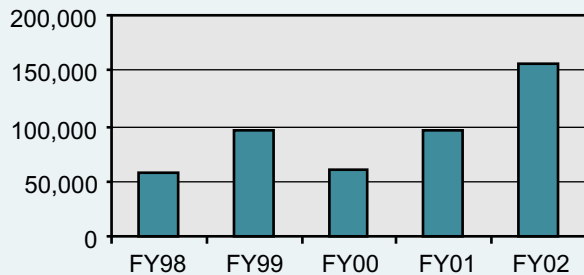
2002 Public Health Nursing Stats:

(Including Grantees: Barrow/North Slope PHN, Kotzebue/Maniilaq PHN, Nome/Norton Sound)

171,336 health care visits provided to more than 107,300 patients
(over 1/6 of Alaska's population)

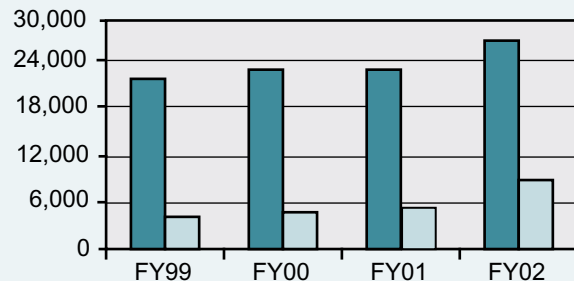
67,592 children and youth served with 109,401 visits.

Immunizations



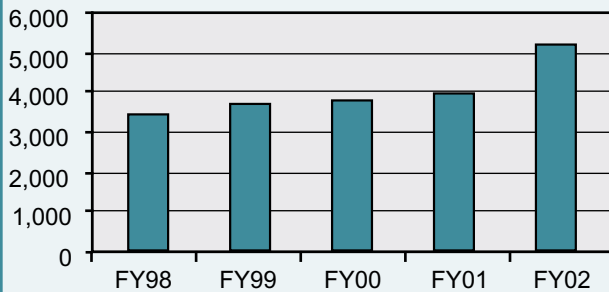
155,011 doses of vaccine administered
(including the Municipality of Anchorage)

Tuberculosis



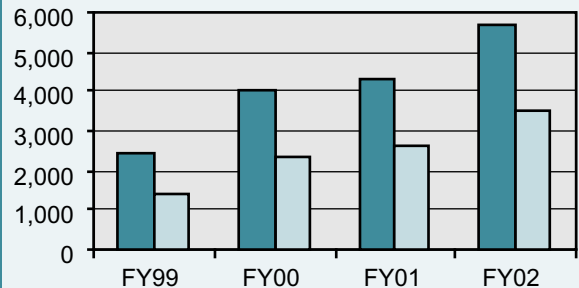
27,367 tests for TB conducted
(Visits only include active cases, converters and persons in contact with active cases or converters.)

Pap Smears



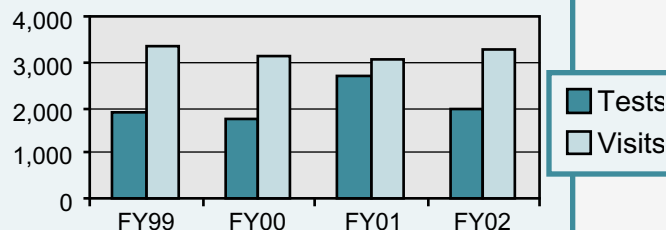
5,077 Pap smears provided for detection
of cervical cancer in Alaskan Women

STD



5,710 visits provided to 3,512 patients
for sexually transmitted diseases

HIV



3,238 visits provided for HIV/AIDS services including blood testing for 1,977 patients

Section Accomplishments

State Medical Examiner

The Office of the State Medical Examiner (SME) is responsible for conducting the medical/legal investigative work related to unanticipated, sudden or violent deaths. This includes determining cause and manner of death, providing consultation to law enforcement and the courts, and providing information about non-lethal injuries to children specific to child abuse and neglect. The Medical Examiner's office conducts autopsies; provides court testimony when necessary; develops strategies to prevent injury, disease and death; and assists with the review of all child deaths through the Child Fatality Review Team.

Throughout 2002, improvements were seen to the processes for accomplishing the work of the SME. Staff continue efforts to develop and implement a quality assurance system for use in the office as well as efforts to enhance the quality of the Child Fatality Review Team. Another improvement is the increased investigative capabilities with five staff members becoming Registered Medicolegal Death Investigators.

In July of 2002, the SME held the Second Annual Forensic Pathology Seminar which hosted approximately 30 participants from various local, state, and federal agencies.

2002 Office of the State Medical Examiner Stats:

- 1,097 Bodies handled
- 316 Autopsies performed
- 68 Inspection Cases
- 713 Consultation Cases



Bureau of Vital Statistics

The Alaska Bureau of Vital Statistics is responsible for managing vital records in the State of Alaska and issuing certified copies of the information. Vital records include birth, death, fetal death, divorce and marriage certificate data, along with reports of adoption. In 2002, the Bureau issued 70,000 certified copies of vital documents. Heirloom birth and marriage certificates are also issued and this year the Bureau reached an agreement with Jon Van Zyle to create a new design for an heirloom birth certificate.

Bureau personnel are also responsible for compiling, analyzing and publishing statistical data obtained from records of vital events. Analyses issued recently include reports on maternal smoking, leading causes of death, impacts of the change to using the year 2000 population, deaths by census area, and low birth weight births.

In 2002, the Bureau saw new automation of the State's Medical Marijuana Registry, increasing the timeliness and accuracy of the program. The Bureau maintains the registry, issues registry identification cards, and accepts petitions for addition of debilitating medical conditions to the registry.

Also in 2002, the Bureau began the process of moving to a new office in Juneau to eliminate severe overcrowding and limited vault space of the current office.

Each year:

Registers approximately:

10,000 births

3,000 deaths

5,000 marriages

3,000 divorces

Processes approximately:

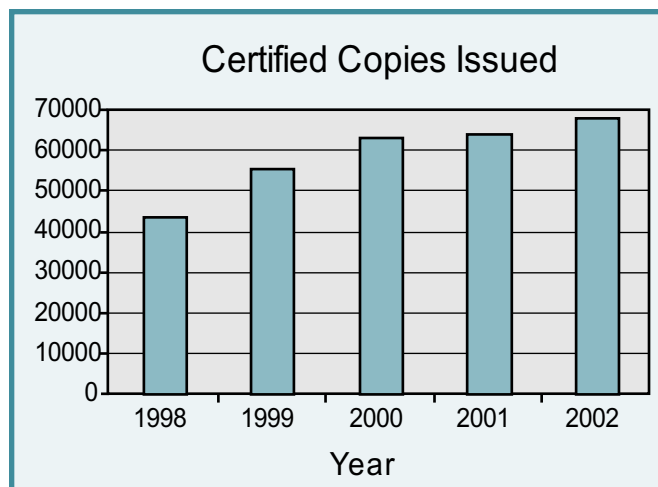
3,000 legitimations

1,000 adoptions

200 medical marijuana registrations

Issues approximately:

70,000 certified copies



Special Initiatives

Public Health / Bioterrorism Preparedness:

During 2002, the Division greatly increased its efforts in bioterrorism and other public health emergency response planning and preparedness. To ensure that Alaskans are protected in the event of a terrorist attack involving biological agents as weapons of mass destruction, the Division hired specialized staff and focused its efforts in several key areas, including: emergency preparedness planning and readiness assessment, disease surveillance and epidemiology capacity, laboratory capacity, communications and information technology, public communication and health information dissemination, education and training, and hospital preparedness.

The Division has coordinated extensively with such agencies as the FBI, Centers for Disease Control and Prevention, Federal Emergency Management Agency, Alaska Division of Emergency Services, Municipality of Anchorage, Alaska Native Tribal Health Consortium and private healthcare providers to assess Alaska's public health preparedness needs, develop appropriate interim plans, and conduct training and exercises.

Since the threat of a smallpox attack has recently emerged as a possibility in war activities around the world, Alaska has, like other states, placed special emphasis in preparing and planning a response to such an event. The Division, in cooperation with its healthcare partners, has developed plans for pre- and post-event smallpox vaccination programs. The pre-event vaccination program calls for the vaccination of Public Health and Healthcare Response Teams who would investigate any suspected case of smallpox in the state, care for smallpox victims, and assist with additional vaccination clinics should a mass vaccination program (post-event) be needed.

New public health capacities implemented or under development during 2002:

- Preparations for a potential smallpox attack:
 - ◊ Alaska Pre-event Smallpox Plan approved by CDC
 - ◊ Alaska Post-event Smallpox Plan submitted to CDC
 - ◊ Confirmatory laboratory testing capability for smallpox and vaccinia
 - ◊ Phase I smallpox vaccinations of public health and hospital teams to be initiated February 2003
- Interim Plans Submitted to CDC
 - ◊ Alaska National Pharmaceutical Stockpile Plan
 - ◊ Alaska Risk Communication Plan
- Alaska Laboratory Response Network
- Alaska Health Alert Network
- Alaska Public Health Training Network
- Coordinated planning and resource sharing with Alaska Division of Emergency Services, Anchorage Department of Health & Human Services, Alaska State Hospital and Nursing Home Association, Alaska Native Tribal Health Consortium, and numerous federal agencies.
- Updated the Epidemiology Emergency Procedure Manual with a new section specific to bioterrorism agents
- Provided bioterrorism response technical assistance, training and grants to all hospitals in the state and conducted bioterrorism presentations for state and local agencies

Division of Public Health Annual Report

Tobacco Prevention and Control:

In conjunction with the Tobacco Control Alliance and other state and local partners, the Division started a counter-marketing campaign aimed at teenagers to encourage them to stop smoking or using tobacco products. Counter-marketing messages can also foster public backing for tobacco control intervention and build a supportive atmosphere for school and community activities. The state's efforts also include a program to educate sellers of tobacco to limit sales to youth and inform them of the penalties for selling tobacco to youth under age 19.

The Division, the Alaska Lung Association, and Providence Medical Center implemented the Tobacco Quit Line, a statewide, toll free, no cost counseling and referral service for any Alaskan seeking to become free of tobacco addiction.

Smoking Cessation Quit line 1-888-842-QUIT or 1-888-842-7848

712 tobacco enforcement compliance checks conducted by staff or local police officers under memoranda of agreement between Department of Health & Social Services and 9 Alaskan communities (Anchorage, Cordova, Kodiak, Soldotna, Homer, North Slope Borough, Juneau, Unalaska, and Whittier)

157 illegal sales of tobacco products to minors observed by police officers and Department of Health & Social Services investigators

74 citations issued in those cases

400 Alaskan businesses were witnessed refusing to sell tobacco products to 550 undercover minors.

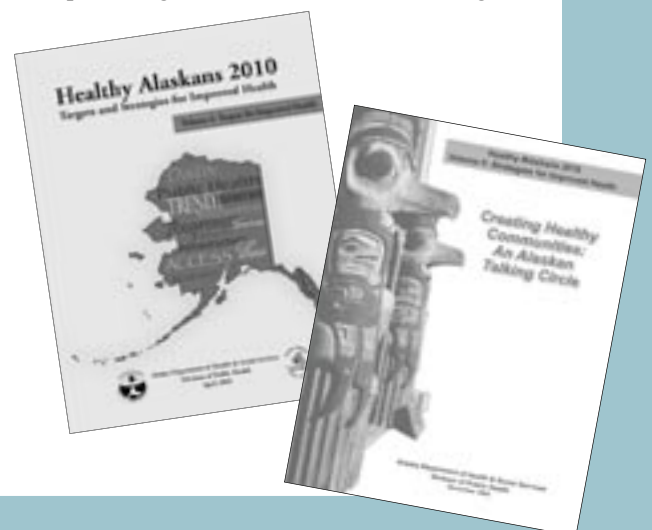
Health Information and System Support Component, Data & Evaluation Unit:

The Data and Evaluation Unit's (DEU) mission is to facilitate access to health status and health system information, and to support state and community level health system planning, program development, and evaluation.

The Unit coordinates and supports data, evaluation and planning efforts for the Division of Public Health. It serves primarily as the central planning and policy evaluation office for the Director's Office. Additionally, it provides technical assistance and data support for projects within other sections and units, serving as a resource for data analysis, evaluation, and planning. Unit staff is also leading a national effort to develop a model state public health law.

During the year, the staff published Healthy Alaskans 2010, including health status targets for Alaska for 2010 in conjunction with the national Healthy People 2010 initiative. Progress was also made on the Alaska Public Health Information System beginning with increasing the internet presence of Division publications and resources.

Successful negotiations with the Alaska State Hospital and Nursing Home Association resulted in an agreement for the hospitals to share hospital discharge data with the Division for public health analysis purposes.



Section Accomplishments

Public Health Partners

Access Alaska; Alaska Academy of Physician's Assistants; Alaska AIDS Drug Assistance Program; Alaska Area Diabetes Model Program; Alaska Association of Diabetes Educators; Alaska Association of Health, Physical Education, Recreation, and Dance; Alaska Association of Public Libraries; Alaska Breast feeding Coalition; Alaska Center for Rural Health; Alaska Chapter of the Lupus Foundation of America; Alaska Children's Trust; Alaska Commission on Aging; Alaska Community Action on Toxics; Alaska Community Mental Health Services Association; Alaska Comprehensive and Specialized Evaluation Services; Alaska Cooperative Extension Service; Alaska Council on Domestic Violence and Sexual Assault; Alaska Dental Association; Alaska Dietetic Association; Alaska Federal Health Care Access Network; Alaska Federal Safety and Health Council; Alaska Federation of Natives; Alaska Food Coalition; Alaska Health Education Consortium; Alaska Health Education Library Project; Alaska Health Sciences Information Services; Alaska HIV Prevention Planning Group; Alaska Human Resource Investment Council; Injury Prevention Center; Alaska Inter-Tribal Council; Alaska Marine Safety Education Association; Alaska Mental Health Association; Alaska Mental Health Board; Alaska Mental Health Trust Authority; Alaska Municipal League; Alaska Network on Domestic Violence and Sexual Assault; Alaska Nurse Practitioners Association; Alaska Nurses Association; Alaska Primary Care Association; Alaska Psychiatric Institute; Alaska Recreation and Parks Association; Alaska Rural Mental Health Providers Association; Alaska Safety Advisory Council; Alaska School Districts; Alaska State Troopers; Alaska Talking Book Center; Alaska Telehealth Advisory Commission; Alaska Tobacco Control Alliance; Alaska Vocational Technical Center; Alaskan AIDS Assistance Association; Alaskans Promoting Physical Activity; American Academy of Pediatrics; American Association of Retired Persons; American Cancer Society; American Diabetes Association; American Heart Association; American Industrial Hygienists Association; American Lung Association; American Optometric Association; American Red Cross; American Society of Safety Engineers; Anchorage/Statewide HIV Care Consortium; Arthritis Foundation; Assisted Living Quality Coalition; Assistive Technologies of Alaska; Association of Alaska School Boards; Bureau of Primary Health Care; Centers for Disease Control and Prevention (CDC); CDC Planned Approach to Community Health; CDC's Arctic Investigations Program; Children's Hospital at Providence; Consortium Library; Deaf Community Services; Denali Commission; Denali Safety Council; Department of Administration; Department of Corrections; Department of Environmental Conservation; Department of Labor and Workforce Development; Department of Public Safety; Department of Transportation and Public Facilities; Diabetes 2000 Project of the American Academy of Ophthalmology; Dietary Managers Association; Disability Rights and Education Defense Fund; Division of Medical Assistance – Medicaid; Division of Parks and Outdoor Recreation; Division of Vocational Rehabilitation; Early Hearing Detection and Intervention Program; Eat Smart! Alaska; Fairbanks Patient Educators; Food and Drug Administration; Food Bank of Alaska; Governor's Council on Rural Sanitation; Head Start Program; Healthy Vision Consortium; Highway Safety Planning Committee; Interior AIDS Association; Interior HIV Care Consortium; Juneau Community Diabetes Coalition; Long-Term Care Implementation Team; Municipality of Anchorage; National Alliance for the Mentally Ill; National Center for Hearing Assessment and Management; National Center for Injury Prevention and Control; National Eye Institute; National Health Service Corp; National Heart, Lung, and Blood Institute; National Institute on Deafness and Communication Disorders; National Lung Health Education Program; National Maternal and Child Health Clearinghouse; National Park Service; National Safety Council; National SIDS Resource Center; National Transportation Safety Board; National Institute for Occupational Safety and Health; Norton Sound Health Corporation; Planned Parenthood; Providence Alaska Diabetes Program; SAFE KIDS; State and Territorial Injury Prevention Directors Association; State Diabetes Coalition; Substance Abuse and Mental Health Services Administration; Take Heart Alaska Coalition; University of Alaska; University of Alaska Institute for Circumpolar Health Studies; University of Alaska Statewide Vocational/Technical Education Advisory Council; US Coast Guard; US Department of Agriculture; US Department of Health and Human Services; US Department of Labor; US Department of the Interior; US Environmental Protection Agency; Veterans Administration Diabetes Program; Veterans of Safety

2002

Division of Public Health Annual Report

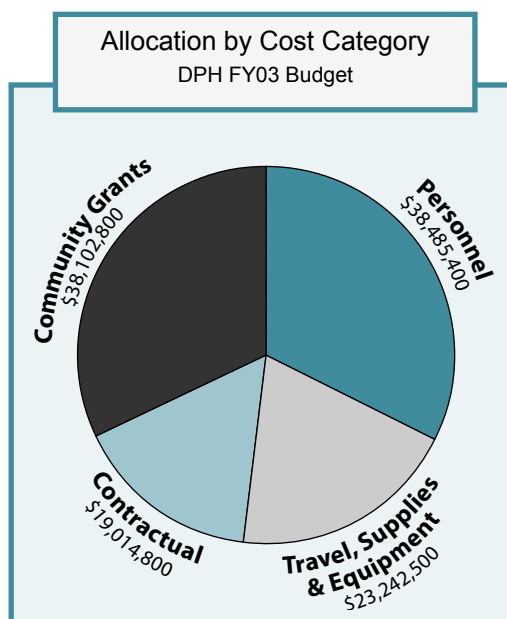
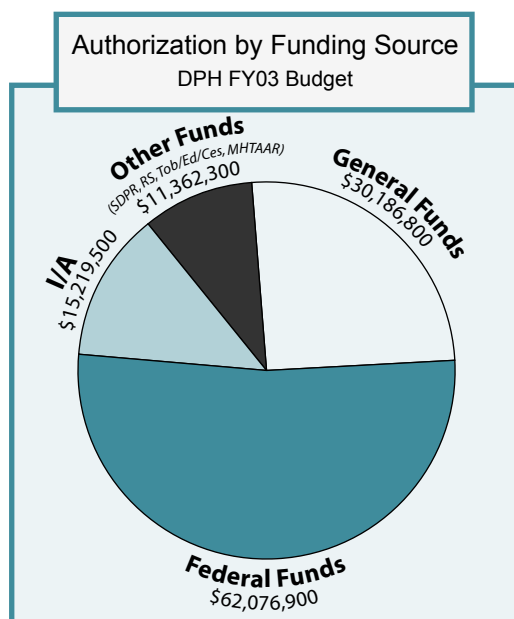
Budget Overview

Revenue by Funding Source:

Each year, the Division of Public Health receives funds from various sources through state appropriations and grants. The majority of funds for the Division are provided by federal grants through agencies such as the U.S. Department of Health and Human Services, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

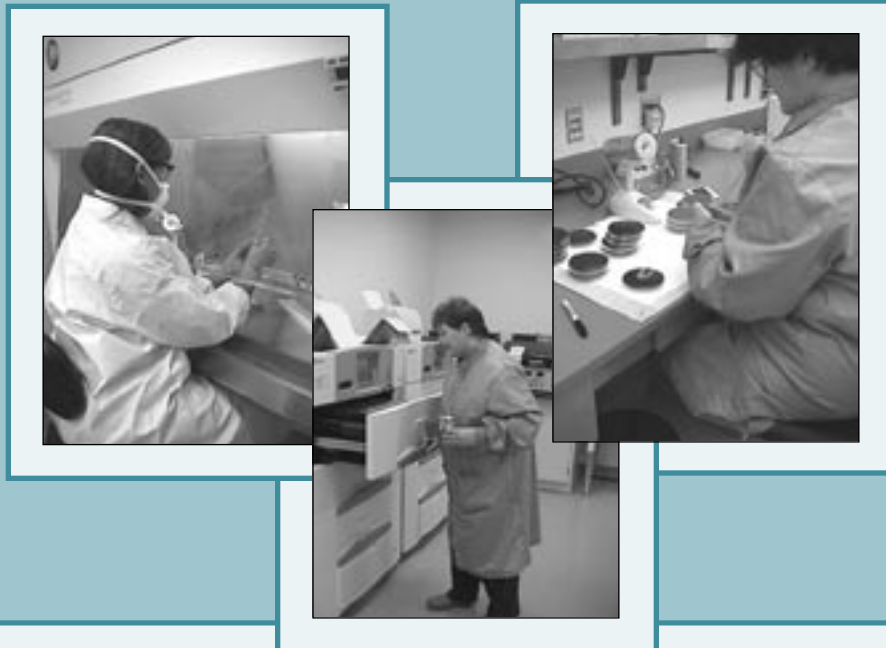
Expenditures by Cost Category:

The primary focus of the Division is to improve the health and safety of all Alaskans. The Division provides funding directly to the communities and local agencies that are responsible for implementing the health programs in order to address this goal on a local level around the state.



Division of Public Health Annual Report

2002



Looking Forward to 2003

Following are just a few of the initiatives and advancements the Division of Public Health will be pursuing in 2003 and beyond:

Environmental Health

The Division will continue efforts to strengthen our capacity to identify and address human health hazards in the environment. Work will continue on studies to assess the levels of arctic environmental contaminants in the subsistence food chain, exposure to volatile organic compounds from gasoline vapors and car emissions, and exposure to mercury of pregnant women in Alaska.

Chronic Disease

Chronic diseases, such as heart disease, cancer, and diabetes, have become the most common and costly health problems. They are also the most preventable. The Division will work to integrate its many chronic disease programs and activities, including those addressing cardiovascular disease, arthritis, diabetes, cancer, and obesity, with existing programs working to promote good nutrition, physical activity, and tobacco prevention and control.

Infectious Disease Control

The Division must always remain vigilant in our fight against old infectious disease enemies, such as tuberculosis, HIV/AIDS, and Norwalk virus. We must also be on the look-out for new and emerging infectious diseases, such as West Nile Virus, and ready to respond instantly to control the spread of these diseases when they are detected. Disease outbreak identification, investigation and control abilities within the Division are expanding.

Access to Health Care

Support for state and community health planning and development is a critical and on-going function of the Division. We will continue to work with our partners in the health care system to support improvements to rural hospital systems and primary care and emergency medical services systems for under-served populations in Alaska.

Workforce Development

Efforts to understand and address growing shortages of health care and public health workers will receive continued focus. At the same time new strategies to support a competent, qualified public health workforce will be implemented, such as development of training plans and exercises.

Public Health Preparedness for Bioterrorism

As our public health preparedness team delves deeper into the many facets of bioterrorism response planning, several new programs will emerge. The smallpox, risk communication, and National Pharmaceutical Stockpile plans will be enhanced and will become parts of a broader public health emergency plan for Alaska. The public health laboratories will add chemical agents to its capabilities to test for weapons of mass destruction. The Alaska Health Alert Network will also be brought online.

New Technologies

Continuing advancements in science and technology will assist the Division in our efforts to better manage and share data and information, communicate important health issues to the public and our partners, and speed identification and control of disease in the population.

2002

Division of Public Health Annual Report

Healthy Alaskans 2010 Leading Health Indicators

	Indicator	Alaska Data Source	U.S. Baseline	Alaska Baseline	Alaska Target Year 2010
Physical Activity					
1	Increase the proportion of adolescents who engage in vigorous physical activity (percent of high school students grades 9-12 who exercise or participate in sports activities for at least 20 minutes that cause sweating and heavy breathing on 3 or more of the past 7 days)	YRBS	65% (1999)	72% (1999) 59% (AK Native 1999)	85%
2	Increase the proportion of adults who engage in regular, preferably daily, moderate physical activity (percent of people aged 18 years and older who engage in physical activity five or more sessions per week for 30 or more minutes per session, regardless of intensity).	BRFSS	20% (1998)	25% (1998) 17% (AK Native 1998)	40%
Overweight and Obesity					
3	Reduce the proportion of adolescents who are overweight (percent of high school students grades 9-12 with body mass index \geq the 95 th percentile, based on age-sex specific NHANES ¹).	YRBS	10% (1999)	7 % (1999) 9% (AK Native 1999)	5%
4	Reduce the proportion of adults who are obese (percent of persons aged 18 years and older with body mass index \geq 30kg/m ²).	BRFSS	20% (1999)	20% (1999) 30% (AK Native 1999)	18%
Tobacco Use					
5	Reduce cigarette smoking by adolescents (percent of high school students grade 9-12 who have smoked cigarettes on one or more of the past 30 days).	YRBS	35% (1999)	34% (1999) 55% (AK Native 1999)	17%
6	Reduce cigarette smoking by adults (percent of adults aged 18 years and older who smoked more than 100 cigarettes in their lifetime and smoked on some or all days in the past month).	BRFSS	23% (1999)	27% (1999) 42% (AK Native 1999)	14%
Substance Abuse					
7	Increase the proportion of adolescents not using alcohol or illicit drugs during the past 30 days (percent of high school students grades 9-12 who have not used alcohol, marijuana, or cocaine in past 30 days).	YRBS	46% (1999)	49% (1999)	60%
8	Reduce binge drinking among adults (percent of persons aged 18 years or older who consumed five or more drinks on one occasion within the past 30 day period).	BRFSS	15% (1999)	19% (1999) 27% (AK Native 1999)	13%
Mental Health					
9	Reduce the suicide rate (deaths per 100,000 population).	ABVS	10.6 (1999) preliminary	17.2 (1999) 32.6 (AK Native 1999)	15.0
Injury Prevention					
10	Reduce deaths caused by unintentional injury (deaths per 100,000 population).	ABVS	35.7 (1999)	56.1 (1999) 119.9 (AK Native 1999)	31.4
11	Reduce deaths caused by motor vehicle crashes (deaths per 100,000 population).	ABVS	15.5 (1999)	14.7 (1999) 27.6 (AK Native 1999)	7.0
Violence Prevention					
12	Reduce deaths from homicides (deaths per 100,000 population).	ABVS	6.1 (1999)	8.1 (1999) 29.4 (AK Native 1999)	4.0
13	Reduce child maltreatment (rate of substantiated reports of child maltreatment per 1,000).	DHSS/DPH, DFYS; state fiscal years	11.8 (1999)	16.5 (1995-1999) 20.6 (1997-2001)	10.0

2002

Division of Public Health Annual Report

	Indicator	Alaska Data Source	U.S. Baseline	Alaska Baseline	Alaska Target Year 2010
Immunization					
14	Increase the proportion of young children who have received all vaccines recommended for universal administration (percent of children aged 19 to 35 months who have received recommended doses of DTaP, polio, MMR, Hib, and Hep B vaccines, the 4:3:1:3:3 series).	National Immunization Survey	73% (2000)	71% (2000)	90%
15	Increase the proportion of elderly adults immunized against influenza and pneumococcal disease (percent of adults aged 65 years and older who have received an influenza vaccine in the past year; percent of adults aged 65 and older who have ever received a pneumococcal vaccine).	DHSS/DPH, Epidemiology	64% (influenza) 46% (pneumococcal) (1998)	60 % (influenza) 60% (AK Native) 43% (pneumococcal) 53% (AK Native) (1999)	90% influenza 90% pneumococcal
Environmental Quality					
16	Increase number of communities with access to safe water and proper sewage disposal.	DEC		88% (2000)	98%
17	Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.	BRFSS	65% of non-smokers (1988-1994 NHANES)	Developmental	
Access to Health Care					
18	Decrease the percent of Alaskans without health insurance coverage throughout the year.	CPS	14.0% (2000)	19.3% (2000)	5%
19	Increase the proportion of adults aged 18 or older with a usual place to go for care if sick or needing advice about health.	BRFSS	84% (1997) NHIS	79.3% (1997)	100%
Maternal and Child Health					
20	Increase the proportion of pregnant women receiving adequate prenatal care (percent of live births with APNCU Index \geq 80).	ABVS	75% (1999)	67.1% (1999) 47.2% (AK Native 1999)	90%
21	Reduce post-neonatal death rate (deaths between 28 days and 1 year per 1,000 live births).	ABVS	2.3 (1999)	3.0 (1999) 6.1 (AK Native 1999)	2.7
Responsible Sexual Behavior					
22a	Increase the proportion of adolescents who abstain from sexual intercourse (percent of high school students grades 9-12 who have never had sexual intercourse). ¹	YRBS	50% (1999)	57% (1999) 46% (AK Native 1999)	65%
22b	Increase the proportion of sexually active adolescents who use condoms (percent of high school students grade 9-12 who had intercourse in past 30 days who used condom at last intercourse).	YRBS	58% (1999)	56% (1999)	75%
23	Increase the proportion of sexually active persons who reported condom use at last intercourse (percent of sexually active unmarried women (divorced, widowed, separated, never married, or member of an unmarried couple) aged 18-44 years who reported condom use at last intercourse). The comparable proportion for Alaska males was 45 percent.	BRFSS	23% (1995)	33% (1997)	50%

¹The National Leading Health Indicator combines 22a and 22b.

YRBS - Alaska Youth Risk Behavior Survey. Alaska sample for 1999 did not include Anchorage. High school data for 1999 is weighted and represents the state student population excluding Anchorage.

BRFSS - Alaska Behavioral Risk Factor Surveillance System. All U.S. BRFSS data are age-adjusted to the 2000 population; the Alaska BRFSS data have not been age adjusted, so direct comparisons are not advised. Please refer to Appendix Technical Notes for additional information

NHANES - National Health and Nutrition Evaluation Survey

ABVS - Alaska Bureau of Vital Statistics, All mortality rates age-adjusted to US 2000 standard population

DHSS/DPH - Alaska Department of Health and Social Services/Alaska Division of Public Health

DHSS/DFYS - Alaska Department of Health and Social Services Division of Family and Youth Services

DEC - Alaska Department of Environmental Conservation

CPS - Current Population Survey, U.S. Bureau of the Census

APNCU - Adequacy of Prenatal Care Utilization Index, refer to Appendix Technical Notes for additional information

Publications Links for 2002

Below are web addresses for recent public health resources and publications produced by the Division:

Alaska State Public Health Laboratories (ASPHL)

Laboratories | www.hss.state.ak.us/dph/labs/

Laboratories Publications | www.hss.state.ak.us/dph/labs/labs_publications/Publications.htm

Bioterrorism Publications | www.hss.state.ak.us/dph/labs/pdfs/akphn_jan_2002.pdf

Bureau of Vital Statistics (BVS)

BVS | www.hss.state.ak.us/dph/bvs/

Bureau Publications | www.hss.state.ak.us/dph/bvs/statistics/pubs.htm

Community Health & Emergency Medical Services (CHEMS)

CHEMS | www.hss.state.ak.us/dph/chems

CHEMS Extranet | www.chems.alaska.gov/

Alaska Health Education Library Project | www.ahelp.org/f_welcome.html

Behavioral Risk Factors Survey System | chems.alaska.gov/brfs_publications.htm

Primary Care | chems.alaska.gov/Primary_Care_Docs.htm

Injury Prevention Newsletters | chems.alaska.gov/ems_injury_prevention.htm

Take Heart Alaska | chems.alaska.gov/takeheart/publications.htm

Tobacco Prevention & Control - 2001 RFV (revised) | chems.alaska.gov/tpc_docs.htm

Rural Hospital Flexibility Program | chems.alaska.gov/rhfp.htm

Alaska Public Health Training Network | www.chems.alaska.gov/phtn/

Data & Evaluation Unit (DEU)

Data & Evaluation Unit | www.hss.state.ak.us/dph/deu/

Health Status in Alaska; Tobacco Fact Sheet; APHIP Newsletters; Model State Public Health Act | www.hss.state.ak.us/dph/deu/publications/default.htm

Healthy Alaskans 2010 | www.hss.state.ak.us/dph/deu/ha2010/default.htm

Alaska Health Profiles Online | www.hss.state.ak.us/dph/profiles/

Epidemiology

Epidemiology | www.epi.hss.state.ak.us/default.asp

Epidemiology Bulletins | www.epi.hss.state.ak.us/bulletins/bullidx.asp

Epidemiology Publications | www.epi.hss.state.ak.us/publications.asp

Maternal, Child and Family Health (MCFH)

MCFH | www.hss.state.ak.us/dph/mcfh/

MCFH Publications | www.hss.state.ak.us/dph/mcfh/pubs/publications.htm

ILP | www.hss.state.ak.us/dph/mcfh/sns/ilpnew/resources/default.htm

Alaska Family Violence Prevention Project | www.hss.state.ak.us/dph/mcfh/akfvpp/pubs.htm

Family Health Dateline | www.hss.state.ak.us/dph/mcfh/pubs/default.htm

Nutrition newsletter | www.hss.state.ak.us/dph/mcfh/pdfs/Nutrnews2002.pdf

Public Health Nursing (PHN)

Public Health Nursing | www.hss.state.ak.us/nursing/

Public Health Nursing Recruitment | www.hss.state.ak.us/nursing/recruitment.htm

State Medical Examiner (SME)

State Medical Examiner | www.hss.state.ak.us/dph/sme/

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(907) 465-4101, fax

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Anchorage, AK 99524-0249
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(907) 562-7802, fax

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4500 Boniface Parkway
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